

Case 6:12-cv-00567-LED Document 9 Filed 09/24/12 Page 1 of 2 PageID #: 99

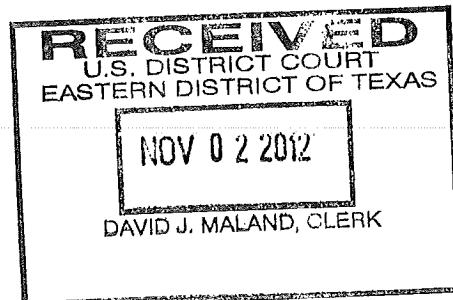
AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT
for the
Eastern District of Texas

<p>Blue Spike, LLC _____ <i>Plaintiff(s)</i> v. _____ Irdeto USA, Inc., et al. _____ <i>Defendant(s)</i></p>	<p>)))) 6 :12CV499 LEAD) CONSOLIDATED WITH) Civil Action No. 6:12-CV-567)))</p>
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SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* Irdeto USA, Inc.
Corporation Service Company
2711 Centerville Road, Suite 400
Wilmington, Delaware 19808



A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are: Eric M. Albritton

ALBRITTON LAW FIRM
P.O. Box 2649
Longview, Texas 75606

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: 9/24/12



CLERK OF COURT

Signature of Clerk or Deputy Clerk

Case 6:12-cv-00567-LED Document 9 Filed 09/24/12 Page 2 of 2 PageID #: 100

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 6:12-CV-567

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for (name of individual and title, if any)
 was received by me on (date) 10/01/2012.

Irdeto USA Inc

I personally served the summons on the individual at (place)

on (date) _____ ; or

I left the summons at the individual's residence or usual place of abode with (name)

, a person of suitable age and discretion who resides there,

on (date) _____, and mailed a copy to the individual's last known address; or

I served the summons on (name of individual)

, who is

designated by law to accept service of process on behalf of (name of organization)

on (date) _____ ; or

I returned the summons unexecuted because _____ ; or

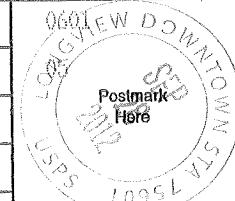
Other (specify): Certified mail, return receipt requested
#7008 0500 0001 1806 1609

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: 10/19/2012April M. Hall*Server's signature*April M. Hall*Printed name and title*111 West Tyler Longview, TX 75601*Server's address*

Additional information regarding attempted service, etc:

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at www.usps.com ®	
OFFICIAL USE	
Postage Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees	\$ 45.45
	\$ 2.95
	\$ 2.35
	\$ 0.00
	\$ 10.95
Indreto USA, Inc.	
Sent To Corporation Service Company 2741 Centerville Road, Suite 400 Street, Ad. M. or PO Box No. City, State, ZIP+4 Wilmington, Delaware 19808	
	

- Item 4 If Restricted Delivery Is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Irdeto USA, Inc.
Corporation Service Company
2711 Centerville Road, Suite 400
Wilmington, Delaware 19808

SECTION ON DELIVERY	
 <div style="display: flex; justify-content: space-between; align-items: center;"> X Agent <input type="checkbox"/> Addressee </div>	
<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery</p>
<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type</p> <p> <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. </p>	
<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>001 1806 1609</p> <p style="font-size: 2em; margin-top: 10px;">RR</p>	

2. Article Number 7008 0500 0001 1806 1609
(Transfer from service)

English
Customer
USPS Mobile
Register / Sign In

Service
USPS.COM®
Search USPS.com or Track Packa...

Quick Tools
Ship a Package
Send Mail
Manage Your Mail
Shop
Business Solutions

Track & Confirm

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[PRINT DETAILS](#)

YOUR LABEL NUMBER	SERVICE	STATUS OF YOUR ITEM	DATE & TIME	LOCATION	FEATURES
70080500000118061609	Priority Mail®	Delivered	October 01, 2012, 9:20 am	WILMINGTON, DE 19808	Expected Delivery By: October 1, 2012 Certified Mail™ Return Receipt
		Arrival at Unit	October 01, 2012, 7:54 am	WILMINGTON, DE 19808	
		Processed at USPS Origin Sort Facility	October 01, 2012, 5:14 am	WILMINGTON, DE 19850	
		Dispatched to Sort Facility	September 28, 2012, 4:05 pm	LONGVIEW, TX 75601	
		Acceptance	September 28, 2012, 11:32 am	LONGVIEW, TX 75601	

Check on Another Item

What's your label (or receipt) number?

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[No FEAR Act EEO Data](#) ›

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